



Broken Trip Adjustment Sheet

SUBMIT TO
US DEPARTMENT OF COMMERCE, NOAA
NATIONAL MARINE FISHERIES SERVICE
OFFICE OF SUSTAINABLE FISHERIES
ONE BLACKBURN DRIVE, GLOUCESTER, MA 01930

Information:

Owner Name/Corporation: _____

Vessel Name: _____

Permit #: _____

USCG Doc / State Reg #: _____

Vessel Operator: _____

Date and Time of Incident: _____

Date of VMS Notification: _____

Pounds Landed: _____

Access Area Fished: Hudson Canyon

Nature of Incident: _____

Departure Date: _____

Landing Date: _____

Vessel Owner Signature: _____ Date: _____

This form is required under 50 CFR § 648.60 to monitor the days-at-sea allocation and usage for limited access scallop permit holders. Signature of this form certifies that permit holder requirements specified in 50 CFR § 648.60, and that the information provided on this form is true, complete and correct to the best of their knowledge, and made in good faith (18 U.S.C. 1001). Making a false statement on this form is punishable by law.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

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